



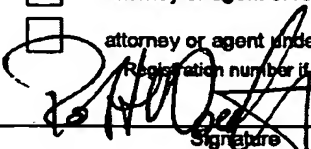
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PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

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| | | | |
|---|------------|--|-----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 578918009US | |
| Application Number 10/786,582-Conf. #4359 | | Filed February 26, 2004 | |
| For VIBRATING RAZOR HEAD | | | |
| Art Unit 3724 | | Examiner K. E. Peterson | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | Fee | Small Entity Fee | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 510.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0665</u> . I have enclosed a duplicate copy of this sheet. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>37,263</u> | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u> </u> | | | |
|  Signature | | <u>6/12/06</u> Date | |
| <u>Robert G. Woolston</u> Typed or printed name | | <u>(206) 359-8000</u> Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| 06/15/2006 TBESHAH1 00000002 10786582 02 FC:2253 510.00 OP | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

Adjustment date: 10/13/2006 CKHLOK
06/15/2006 TBESHAH1 00000002 10786582
02 FC:2253 -510.00 OPRepln. Ref: 10/13/2006 CKHLOK 0009221500
DAH:500665 Name/Number:10786582
FC: 9204 \$510.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | |
|---|-----------------------------------|-------------------------------------|-----------------------|-----------|----|
| 1 Date of Request: <u>10/10/06</u> | | 2 Serial/Patent # <u>10/786,582</u> | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | |
| | Filing | | | \$ | |
| | Amendment | | | \$ | |
| <input checked="" type="checkbox"/> | Extension of Time | | 06/12/06 | \$ 510.00 | |
| | Notice of Appeal/Appeal | | | \$ | |
| | Petition | | | \$ | |
| | Issue | | | \$ | |
| | Cert of Correction/Terminal Disc. | | | \$ | |
| | Maintenance | | | \$ | |
| | Assignment | | | \$ | |
| | Other | | | \$ | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 510.00 | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | | |
| | Overpayment | Treasury Check | | | |
| | Duplicate Payment | <input checked="" type="checkbox"/> | Credit Deposit A/C #: | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | 9 | 5 | 0 | -- |
| | | | 0 | 6 | 5 |
| Can't buy EOT beyond maximum extendable period. | | | | | |
| | | | | | |
| 11 REFUND REQUESTED BY: | | | | | |
| TYPED/PRINTED NAME: <u>Shirene Willis Brantley</u> | | TITLE: <u>Petitions Attorney</u> | | | |
| SIGNATURE: <u><i>Shirene Willis Brantley</i></u> | | PHONE: <u>571 272-3230</u> | | | |
| OFFICE: <u>Office of Petitions</u> | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | |
| APPROVED: <u><i>CKhlok</i></u> | | DATE: <u>10/13/06</u> | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: